

# Community Health Workers as a Component of the Health Care Team



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## KEYWORDS

- Community health worker • PCMH • Health care access • Care continuum
- Care coordination • Navigators • Promoters

## KEY POINTS

- Evidence supports the positive impact of community health workers (CHWs) on some pediatric health care outcomes.
- Opportunities for continued integration of CHWs into the pediatric health care delivery system are expanding.
- Continued rigorous research demonstrating reduction in health care disparities and improved health outcomes is warranted.

## INTRODUCTION

Community health workers (CHWs) create connections between health care systems, local community residents, and community-based organizations to increase health care access, promote appropriate levels of care utilization, and improve health outcomes for individuals and populations. In the United States, CHWs are defined as “frontline public health workers who are trusted members of and/or have an unusually close understanding of the community they serve.”<sup>1</sup> CHWs often focus on reaching socially and economically disadvantaged groups and bridging cultural divides between patients, communities, health care providers, and health care systems.<sup>2–4</sup> CHWs also engage in policy advocacy<sup>5,6</sup> and community-based research<sup>7</sup> aimed at improving conditions necessary for health.

Ideally, a bidirectional flow of knowledge and resources enables CHWs and health systems to improve how health care services are delivered to specific populations.

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### Abbreviations

CHR	Community Health Representative
CHW	Community Health Worker
FHW	Frontline Health Worker
LHW	Lay Health Worker
PN	Patient Navigator
PS	Promotoras

Knowledge of local health beliefs and practices can contribute to the development of culturally relevant health care service delivery. In addition, CHWs' perspectives regarding community-level assets and needs can inform the structure of responsive, patient- and community-centered medical homes.<sup>8,9</sup>

Variation exists in the level and type of training that CHWs receive.<sup>10</sup> Job titles and roles also differ across settings.<sup>11</sup> A 2002 integrative literature review reported evidence of CHW effectiveness in increasing access to care, particularly among underserved populations.<sup>12</sup> A more recent systematic review found mixed evidence demonstrating the impact of CHW interventions on behavior change and health outcomes and low to moderate strength of evidence regarding health care utilization. The authors concluded that more rigorous research is needed.<sup>13</sup> A systematic review of lay health worker interventions in pediatric chronic disease concluded modest improvement in urgent care use, symptoms, and caregiver quality of life.<sup>14</sup> No reviews were located that focused specifically on the comparative effectiveness of pediatric CHW interventions across ethnic groups or geographic settings. However, selected studies in the United States have reported that programs using some variation of a CHW increased public insurance enrollment and insurance continuity for Latino children,<sup>15</sup> improved childcare knowledge among American Indian adolescent mothers,<sup>16</sup> and demonstrated the potential to impact early caries prevention among American Indian and Alaska Native children.<sup>17</sup> Improved breastfeeding initiation and exclusivity, childhood immunization rates, and pulmonary tuberculosis cure rates as compared with usual care have been reported in the international literature.<sup>18</sup> Less convincing evidence for the impact of lay health worker interventions on child morbidity and increases in pediatric health care seeking behavior were reported.<sup>18</sup> A qualitative review of barriers and facilitators to lay health worker program implementation found that trusting relationships between lay health workers and participants are a hallmark of program strength.<sup>19</sup>

### HISTORICAL PERSPECTIVE

CHWs were recognized as critical to the success of the primary health care system by the World Health Organizations' Alma-Ata declaration in 1978. To achieve optimal population health, the declaration emphasized the importance of "bringing health care as close as possible to where people live and work."<sup>20</sup> Thus, investing in CHWs emerged as a key strategy. Although the initial implementation emphasis focused on low- to moderate-income countries, acknowledgment of the importance of CHWs in the primary health care system spread across the globe.

Before the formal recognition of Alma-Ata, CHWs served in a range of formal and informal caregiving roles, defined by local needs, culture, and law. Health promotion roles for natural helpers are traced back at least 300 years.<sup>21</sup> In China, "barefoot doctors" were deployed to rural areas to improve health in the 1940s.<sup>21</sup> In Mexico and Latin America, "*promotores de salud*" have provided health-related services for

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